

Dupuytren's Contracture Interventions in the Medicare Population: A Ten-Year Analysis

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INTRODUCTION: In 2019, collagenase clostridium histolyticum was removed from use in Europe, Asia, and Australia for Dupuytren's contracture (DC). The impact of this decision on treatment trends in the US remains unclear. This study investigates broader trends and treatment-specific patterns in DC management over the past decade.

METHODS:

Using data from the Centers for Medicare and Medicaid services, all claims associated with the management of DC were identified through current procedural terminology (CPT) codes. Treatments included were open partial palmar fasciotomy (26045), Collagenase injection (20527), Percutaneous needle fasciotomy (26040), and open fasciectomy (26125, 26123, 26121). Outcomes of interest for these treatments include procedure type, procedure date, case location, and provider specialty.

RESULTS:

A total of 178,676 DC patients received one of the four identified interventions over the past decade. The overall rate of DC interventions increased by 37%, from 35.87 to 49.10 per 100,000 individuals. Collagenase injections saw the largest rise, with a 271% increase in claims per 100,000 individuals. In contrast, percutaneous needle fasciotomy and open fasciotomy decreased by 5% and 31%, respectively. Ambulatory surgical centers were the most common location for these procedures, accounting for 46% of claims. The proportion of procedures performed in office settings increased from 14% to 21% of total treatments, while those in ambulatory surgical centers decreased from 50% to 46%. Orthopedic surgeons were the most common primary operators for each year of the 10-year period, followed by plastic surgeons and hand specialists.

DISCUSSION AND CONCLUSION:

There was a moderate increase in DC treatments within the Medicare population, with open fasciectomy remaining the most common intervention. Despite being discontinued elsewhere, collagenase clostridium histolyticum use drastically increased in the US. Additionally, there was a shift from hospital settings to clinics and offices, reflecting a trend towards more outpatient care. Orthopedic surgeons were the predominant providers throughout the period studied.

